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that this country should be so far behind. The lack of knowledge in the care of the sick here is simply dreadful. How am I ever going to turn out good nurses from an orphan asylum where the sick and well children are all together? You may see how little they understand what is required, for how can they learn general nursing, except theoretically, when they only nurse babies? However, I am sure of accomplishing some good, if not a great deal; I must be satisfied with the little I can do, and thus at least lay the foundation stone. Some one else will have to do the building, so I try to keep up my courage and do the most urgent things first. Order, cleanliness, and discipline are three words of which they do not even know the meaning. You will laugh when I tell you that when my pupils have a toothache they tie up their faces with a cloth. If it is a headache they let down their hair and if their feet hurt, shoes and stockings are discarded. Big surprised eyes greet my statement that such things are not permissible on duty. Sometimes I must laugh, myself, the things are so funny, but more often my heart is heavy, when I think of my dear orderly school at home.

DANGERS OF THE MENOPAUSE

By ANNE E. PERKINS, M.D.

THERE are many widespread, popular fallacies regarding the menopause which every nurse should correct whenever there is opportunity. If nurses would disseminate knowledge of the *real dangers* and banish the imaginary bugbears, many lives would be thereby saved. Women speak more freely of these things to other women, especially nurses, than they do to men physicians.

The majority of women accept unquestioningly two-thirds of the ill-feelings and symptoms that they may have from the time they are forty till they are sixty, as due to the "change of life." They lay everything that happens ten years before and ten years afterward, to their *age*, and how frequently one hears "It's my age, I suppose!"

The menopause is a natural, physiological occurrence—the end of the child-bearing period. It may occur as early as thirty or thirty-five, but usually between forty-five and fifty. It may, and often does, cease suddenly without any previous irregularity, and cease without any symptoms. Frequently, however, it is preceded by a varying period of irregularity, and the nervous and vasomotor systems suffer, as shown by "hot flashes," nervousness, insomnia, irritability, faintness, severe headaches, cardiac palpitation, sweatings, depression, neurasthenia.

A few develop involution melancholia at this period, but it is not responsible for one-tenth of the cases of insanity ascribed to it. As the uterus is growing smaller, undergoing atrophy, it stands to reason that *hemorrhages* should not be looked for,—rather the flow should be *less*, irregular, and scanty.

Therefore any tendency to prolonged, excessive, or too frequent flow should not be ignored, but too many physicians hold old-fashioned ideas and tell a woman, without examining her, that it is her age and she will be better when “the *change*” is over. A real heart disease may be overlooked and regarded as flutterings and palpitation of this period.

Many complain of their heads—they feel strange, confused, “stirred up,” they can not think, can not set themselves to work, especially at *sewing* or *fancy work*. Heating occupations, as cooking or ironing, greatly aggravate the nervousness and waves of heat.

They often say, “I don’t feel natural, it is as if I were some one else.” “I can’t get interested in anything, can’t read.” Some can not stay in a theatre or church, others are unable to take a railroad journey, on account of confusion to the head. Hot flushes may come as soon as they are comfortably warm in bed and, no matter how cold the night, they must throw off all bed clothing, and even thrust their heads out of the window, as wave after wave of heat rushes over them, accompanied by nausea or faintness and distress in the head, followed by sweating. The danger of taking sedatives and narcotics to relieve the insomnia caused by these, is very great. I have seen women slaves to chloral and bromides through the physician’s prescribing; and many become addicted to the use of whiskey and wines from fancied relief at this time.

Pruritus is liable to be very annoying.

Fresh air is the best remedy for the hot flushes. There should be abundant air in the sleeping and living rooms, and the temperature not over 68°, the woman should spend all the time possible out-of-doors, and as far as possible avoid heating occupations or those requiring *close application*, as fancy work, embroidery, &c. Home surroundings often aggravate, and a complete change of scene or a trip abroad may help. No drugs should be taken except under advice of a physician. Ovarian and thyroid extracts are sometimes helpful.

Hundreds of women would never consider an examination necessary. If they flow until they are fairly exsanguinated, it is “the *change* of life.” They expect all sorts of irregularities, hemorrhages, discharges, pains, etc. They often refuse to have a fibroid tumor removed, as it “will not be troublesome” after the menopause. In reality, this is the time when

the closest attention should be paid to any unusual discharge, leucorrhœa, watery or blood-tinged flow, as well as to any "lump" in the breast.

These things may be symptoms of cancer, early recognition of which means the difference between life and death for the woman. Too many cases come too late for operation. Bear in mind always that cancer may exist without severe pain or cachexia or even a foul odor to the discharge.

In Germany, a little pamphlet is being distributed to women, warning them what certain symptoms mean, with the result of increasing the operable cases, since women present themselves sooner for examination. While women should not be constantly alarmed and apprehensive, they should be made to realize that some symptoms are danger signals and demand expert examination and treatment.

Women should be educated out of the wrong ideas and superstitions relative to diseases occurring during or after the menopause. It is firmly fixed in their minds that they "must expect" this and that symptom, and all their friends believe the same, so that they talk it over together, instead of consulting a physician.

It should be impressed on every woman that after she has passed the menopause, some months or years previously, if *any discharge* appears from the vagina it requires attention from a reputable physician. Frequently there is a sudden, watery discharge without pain or other symptoms; it may be slight and faintly tinged with blood. Perhaps the woman is feeling unusually well, and it lasts only a few hours, to reappear after several days or weeks. On its reappearance, quite likely there is a disagreeable odor, and perhaps an uneasiness or heaviness in the pelvic region, backache, or bladder symptoms. Too often, if she "talks it over" with her best friend, any anxiety is allayed and she attributes it to "the change of life." Later it is bloody in character. She may consult a physician but object absolutely to an examination. Some physicians yield to this and give medicine. She does not improve, and takes up osteopathy or Christian science. Frequently she is examined by a physician and treated for "ulceration of the womb," by applications, tampons, electricity, etc.

Too many of us have not unlearned the old teaching that a *cancer* of the uterus means severe pain, marked cachexia and emaciation, with profuse, offensive bleeding. Accordingly, if a patient is well nourished and has a clear complexion, cancer is overlooked. A very common and distressing occurrence in hospitals or private practice, is to have a case brought that has been overlooked until *too late* for *operation*. It is the difference between life and death whether the diagnosis is made early or late. This lies usually with the general practitioner and the better

enlightenment of women in general. A very frequent cause of prolonged, irregular flooding after or during menopause is a fibroid tumor. There again, one finds that a *tumor* means to the laity something so large that it deforms the shape of the abdomen, and is evident to all. The woman may flow for one or two weeks instead of from three to five days, lose strength, become pale and languid, half her time being spent on the couch, as she is unable to do her work. She accepts it uncomplainingly as due to her "age", until intelligent examination shows the presence of a fibroid tumor, not necessarily very large, but bleeding. Those that go on too long without discovery are inoperable or impracticable, because 40 per cent. of the patients in a late stage develop a serious heart or kidney lesion and can not take an anæsthetic. Albumin is found in the urine, with casts, and a heart murmur. Yet these women, when the diagnosis has been made at all, may have been told that they should wait until the change is over, then the bleeding will stop.

The artificial menopause is nearly always more stormy and trying than the natural cessation of the menses. It is brought about generally by removal of the ovaries, though some menstruate regularly for years, if a small bit of ovarian tissue is left intentionally or accidentally. If the *uterus* is removed and ovaries left, there are not the distressing flushes and waves of heat, until the usual time for the menopause, or for some time after the operation, whereas when the ovaries are taken out, hot flushes come in a few weeks. All the unpleasant symptoms of the menopause are markedly exaggerated and last longer, the younger the woman the more she suffers, because it is sudden and not gradual,—unnatural. Many women say that they have merely exchanged one set of symptoms for another,—pain, for those indescribable, almost unbearable hot flushes and a post-operative intense nervousness and discomfort. Insomnia and nervous symptoms are often marked and the woman's condition may be pitiable for even two or three years, but there is an exaggerated idea among the laity of the fearful dangers of insanity following this operation, also of the unsexing of women. However, in neurotic families, the operation precipitating an artificial menopause is not without considerable danger of insanity, and the family should be warned before it is undertaken. Most women regain their nervous poise after a time.